

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB06)							Application Number <div style="font-family: cursive; font-size: 1.2em;">10676624</div>	Filing Date						
Applicant(s)							* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		INDEP		DEPEND		INDEP		DEPEND	
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